

## **APPENDICES**

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## Appendix A — New Clinical Quality Measures Proposed for Meaningful Use\*

EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
EP	NQF 0012	<p><b>Title:</b> Prenatal Screening for Human Immunodeficiency Virus (HIV)</p> <p><b>Description:</b> Percentage of patients who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Obstetrics and Gynecology
EP	NQF 0013	<p><b>Title:</b> Blood pressure measurement</p> <p><b>Description:</b> Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged &gt; 18 years with diagnosed hypertension</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Core
EP	NQF 0014	<p><b>Title:</b> Prenatal Anti-D Immune Globulin</p> <p><b>Description:</b> Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Obstetrics and Gynecology
EP	NQF 0022	<p><b>Title:</b> Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided.</p> <p><b>Description:</b> Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year. Percentage of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year.</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Core
EP	NQF 0026	<p><b>Title:</b> Measure pair - a. Tobacco use prevention for infants, children and adolescents, b. Tobacco use cessation for infants, children and adolescents</p> <p><b>Description:</b> Percentage of patients' charts showing either that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinic visit. Percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.</p>	<p><b>Institute for Clinical Systems Improvement (ICSI)</b>  <b>Contact Information:</b>  <a href="http://www.icsi.org/">http://www.icsi.org/</a></p>		Pediatrics
EP	NQF	<b>Title:</b> Cervical Cancer Screening	<b>NCQA</b>		Oncology,

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EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
	0032	<b>Description:</b> Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the 2 years prior to the measurement year.	<b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care, Obstetrics and Gynecology
EP	NQF 0036	<b>Title:</b> Use of appropriate medications for people with asthma  <b>Description:</b> Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year.	<b>NCQA Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Pulmonology, Primary Care
EP	NQF 0105	<b>Title:</b> New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment  <b>Description:</b> Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment  Phase b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment  Phase c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.	<b>NCQA Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Psychiatry, Primary Care
EP	NQF 0106	<b>Title:</b> Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents  <b>Description:</b> Percentage of patients newly	<b>ICSI Contact Information:</b> <a href="http://www.icsi.org/">http://www.icsi.org/</a>		Pediatrics, Primary Care

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EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
		diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.			
EP	NQF 0107	<p><b>Title:</b> Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</p> <p><b>Description:</b> Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.</p>	<p><b>ICSI</b></p> <p><b>Contact Information:</b>  <a href="http://www.icsi.org/">http://www.icsi.org/</a> </p>		Pediatrics, Primary Care
EP	NQF 0110	<p><b>Title:</b> Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</p> <p><b>Description:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use</p>	<p><b>Center for Quality Assessment and Improvement in Mental Health</b></p> <p><b>Contact Information:</b>  <a href="http://www.cqaimh.org/">http://www.cqaimh.org/</a> </p>		Psychiatry, Primary Care
EP	NQF 0299	<p><b>Title:</b> Surgical Site Infection Rate</p> <p><b>Description:</b> Percentage of surgical site infections occurring within thirty days after the operative procedure if no implant is left in place or with one year if an implant is in place in patients who had an NHSN operative procedure performed during a specified time period and the infection appears to be related to the operative procedure.</p>	<p><b>Centers for Disease Control and Prevention (CDC)</b></p> <p><b>Contact Information:</b>  <a href="http://www.cdc.gov/">http://www.cdc.gov/</a> </p>		Proceduralists/ Surgery
EP	Not applicable	<p><b>Title:</b> Hysterectomy rates</p> <p><b>Description:</b></p>			Obstetrics and Gynecology
EP	Not applicable	<p><b>Title:</b> Appropriate antibiotic use for ear infections</p> <p><b>Description:</b></p>			Pediatrics, Primary Care
EP	Not applicable	<p><b>Title:</b> Statin after Myocardial Infarction</p> <p><b>Description:</b></p>			Cardiology
EP	Not	<b>Title:</b> 30 day Readmission Rate			Proceduralists/

## Appendix A — New Clinical Quality Measures Proposed for Meaningful Use\*

EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
	applicable	<b>Description</b>			Surgery
EP	Not applicable	<b>Title:</b> 30 Readmission Rate following deliveries  <b>Description:</b>			Obstetrics and Gynecology
EP	Not applicable	<b>Title:</b> Use of CT scans  <b>Description:</b> Number of repeat CT scans within 60 days			Pulmonology
EH	Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following AMI admission			
EH	Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following Heart Failure admission			
EH	Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following Pneumonia admission			
EH	NQF 0302	<b>Title:</b> Ventilator Bundle  <b>Description:</b> Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: •Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period •Daily “sedation interruption” and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation; Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV< 105)•SUD (peptic ulcer disease) prophylaxis DVT (deep venous thrombosis) prophylaxis  <b>Measure Developer:</b> IHI			
EH	NQF 0298	<b>Title:</b> Central Line Bundle Compliance  <b>Description:</b> Percentage of intensive care patients with central lines for whom all			

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EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
		<p>elements of the central line bundle are documented and in place. The central line bundle elements include:</p> <ul style="list-style-type: none"> <li>•Hand hygiene ,</li> <li>•Maximal barrier precautions upon insertion</li> <li>•Chlorhexidine skin antisepsis</li> <li>•Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters in patients 18 years and older</li> <li>•Daily review of line necessity with prompt removal of unnecessary lines</li> </ul> <p><b>Measure Developer:</b> IHI</p>			
EH	NQF 0329	<p><b>Title:</b> All-Cause Readmission Index (risk adjusted)</p> <p><b>Description:</b> Overall inpatient 30-day hospital readmission rate.</p> <p><b>Measure Developer:</b> United Health Group</p>			
EH	Not applicable	<p><b>Title:</b> All-Cause Readmission Index</p> <p><b>Description:</b> Overall inpatient 30-day hospital readmission rate.</p>			
<p>* These measures are not currently required for either PQRI, RHQDAPU, or the Hospital Outpatient Quality Data Reporting Program (HOP-QDRP). They have also not been announced in prior rulemaking for these quality initiatives. Nor are they included in current proposed rulemaking regarding proposed Medicaid and CHIP Programs; Initial Core Set of Children's Healthcare Quality Measures for Voluntary Use by Medicaid and CHIP Programs (Federal Register Vol 74, No 248, p. 68848.)</p>					

## Appendix B — Measure Group: Core for All EPs, Medicare or Medicaid

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 114 NQF 0028	<p><b>Title:</b> Preventive Care and Screening: Inquiry Regarding Tobacco Use</p> <p><b>Description:</b> Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Core, Pulmonology, Primary Care
NQF 0013	<p><b>Title:</b> Blood pressure measurement</p> <p><b>Description:</b> Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged &gt; 18 years with diagnosed hypertension</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Core
NQF 0022	<p><b>Title:</b> Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided.</p> <p><b>Description:</b> Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year. Percentage of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year.</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Core

## Appendix C — Specialty Measures (Measure Group: Cardiology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 5 NQF 0081	<p><b>Title:</b> Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD who were prescribed ACE inhibitor or ARB therapy</p>	<p><b>American Medical Association-sponsored Physician Consortium for Performance Improvement (AMA-PCPI)</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Cardiology
PQRI 6 NQF 0067	<p><b>Title:</b> Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Cardiology
PQRI 7 NQF 0070	<p><b>Title:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Cardiology
PQRI 8 NQF 0083	<p><b>Title:</b> Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD and who were prescribed beta-blocker therapy</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Cardiology
PQRI 118 NQF 0066	<p><b>Title:</b> Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF &lt; 40%) who were prescribed ACE inhibitor or ARB therapy</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Cardiology
PQRI 128 NQF 0421	<p><b>Title:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p><b>Description:</b> Percentage of patients aged 18</p>	<p><b>CMS/Quality Insights of Pennsylvania (QIP)</b>  <b>Contact Information:</b></p>		Cardiology, Endocrinology, Primary Care, Obstetrics and



## Appendix C — Specialty Measures (Measure Group: Cardiology)

	years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented Parameters: Age 65 and older BMI $\geq 30$ or $< 22$ Age 18 – 64 BMI $\geq 25$ or $< 18.5$	<a href="mailto:PQRI_inquiry@cms.hhs.gov">PQRI_inquiry@cms.hhs.gov</a>		Gynecology
PQRI 197 NQF 0074	<b>Title:</b> Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol  <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Cardiology, Primary Care
PQRI 200 NQF 0084	<b>Title:</b> Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation  <b>Description:</b> Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Cardiology
PQRI 204 NQF 0068	<b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic  <b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Cardiology, Endocrinology, Primary Care, Neurology
Not applicable	<b>Title:</b> Statin after Myocardial Infarction  <b>Description:</b>			Cardiology

## Appendix C — Specialty Measures (Measure Group: Pulmonology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 52 NQF 0102	<b>Title:</b> Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy  <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Pulmonology
PQRI 53 NQF 0047	<b>Title:</b> Asthma: Pharmacologic Therapy  <b>Description:</b> Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Pulmonology
PQRI 111 NQF 0043	<b>Title:</b> Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older  <b>Description:</b> Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Pulmonology
PQRI 114 NQF 0028	<b>Title:</b> Preventive Care and Screening: Inquiry Regarding Tobacco Use  <b>Description:</b> Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Core, Pulmonology, Primary Care
PQRI 115 NQF 0027	<b>Title:</b> Preventive Care and Screening: Advising Smokers to Quit  <b>Description:</b> Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Pulmonology, Primary Care
NQF 0001	<b>Title:</b> Asthma assessment  <b>Description:</b> Percentage of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Pulmonology, Primary Care
NQF 0036	<b>Title:</b> Use of appropriate medications for people with asthma  <b>Description:</b> Percentage of patients who were identified as having persistent asthma during the measurement year and the year	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Pulmonology, Primary Care

**Appendix C — Specialty Measures**  
**(Measure Group: Pulmonology)**

	prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year.			
Not applicable	<b>Title:</b> Use of CT scans  <b>Description:</b> Number of repeat CT scans within 60 days			Pulmonology

## Appendix C — Specialty Measures (Measure Group: Endocrinology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 1 NQF 0059	<b>Title:</b> Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus  <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	<b>National Committee for Quality Assurance (NCQA)</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology Primary Care
PQRI 2 NQF 0064	<b>Title:</b> Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus  <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology
PQRI 3 NQF 0061	<b>Title:</b> Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus  <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology
PQRI 117 NQF 0055	<b>Title:</b> Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient  <b>Description:</b> Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Endocrinology
PQRI 119 NQF 0062	<b>Title:</b> Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients  <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Endocrinology
PQRI 128 NQF 0421	<b>Title:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up  <b>Description:</b> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented Parameters: Age 65 and older BMI ≥30 or <22 Age 18 – 64 BMI ≥25 or <18.5	<b>CMS/Quality Insights of Pennsylvania (QIP)</b> <b>Contact Information:</b> <a href="mailto:PQRI_inquiry@cms.hhs.gov">PQRI_inquiry@cms.hhs.gov</a>		Cardiology, Endocrinology, Primary Care, Obstetrics and Gynecology
PQRI 204	<b>Title:</b> Ischemic Vascular Disease (IVD): Use	<b>NCQA</b>		Cardiology,

## Appendix C — Specialty Measures (Measure Group: Endocrinology)

NQF 0068	<p>of Aspirin or Another Antithrombotic</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic</p>	<p><b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Endocrinology, Primary Care, Neurology
NQF 0060	<p><b>Title:</b> Hemoglobin A1c test for pediatric patients</p> <p><b>Description:</b> Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period.</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Endocrinology, Pediatrics, Primary Care
Not applicable	<p><b>Title:</b> Comprehensive Diabetes Care: HbA1c Control (&lt;8.0 percent)</p>			Endocrinology

## Appendix C — Specialty Measures (Measure Group: Oncology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 71 NQF 0387	<p><b>Title:</b> Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</p> <p><b>Description:</b> Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p>	<p><b>AMA-PCPI/American Society of Clinical Oncology (ASCO) National Comprehensive Cancer Network (NCCN):</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.asco.org/">http://www.asco.org/</a></p>		Oncology
PQRI 72 NQF 0385	<p><b>Title:</b> Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period</p>	<p><b>AMA-PCPI/ASCO-NCCN</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.asco.org/">http://www.asco.org/</a></p>		Oncology
PQRI 102 NQF 0389	<p><b>Title:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients</p> <p><b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did <u>not</u> have a bone scan performed at any time since diagnosis of prostate cancer</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Oncology
PQRI 112 NQF 0031	<p><b>Title:</b> Preventive Care and Screening: Screening Mammography</p> <p><b>Description:</b> Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>	<p><a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a></p>	Oncology, Primary Care, Obstetrics and Gynecology
PQRI 113 NQF 0034	<p><b>Title:</b> Preventive Care and Screening: Colorectal Cancer Screening</p> <p><b>Description:</b> Percentage of patients aged 50</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>	<p><a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a></p>	Oncology, Primary Care, Gastroenterology

## Appendix C — Specialty Measures (Measure Group: Oncology)

	through 80 years who received the appropriate colorectal cancer screening		<a href="#">OfPage</a>	
NQF 0032	<b>Title:</b> Cervical Cancer Screening			Oncology

## Appendix C — Specialty Measures (Measure Group: Proceduralists/Surgery)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 20 NQF 0270	<p><b>Title:</b> Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician</p> <p><b>Description:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Proceduralists/ Surgery
PQRI 21 NQF 0268	<p><b>Title:</b> Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin</p> <p><b>Description:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Proceduralists/ Surgery
PQRI 22 NQF 0271	<p><b>Title:</b> Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)</p> <p><b>Description:</b> Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Proceduralists/ Surgery
PQRI 23 NQF 0239	<p><b>Title:</b> Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p><b>Description:</b> Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Proceduralists/ Surgery



**Appendix C — Specialty Measures**  
**(Measure Group: Proceduralists/Surgery)**

NQF 0299	<b>Title:</b> Surgical Site Infection Rate  <b>Description:</b> Percentage of surgical site infections occurring within thirty days after the operative procedure if no implant is left in place or with one year if an implant is in place in patients who had an NHSN operative procedure performed during a specified time period and the infection appears to be related to the operative procedure.	<b>Centers for Disease Control and Prevention (CDC)</b> <b>Contact Information:</b> <a href="http://www.cdc.gov/">http://www.cdc.gov/</a>		Proceduralists/ Surgery
Not applicable	<b>Title:</b> 30 day Readmission Rate  <b>Description</b>			Proceduralists/ Surgery

## Appendix C — Specialty Measures (Measure Group: Primary Care)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 114 NQF 0028	<b>Title:</b> Preventive Care and Screening: Inquiry Regarding Tobacco Use  <b>Description:</b> Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Core, Pulmonology, Primary Care
PQRI 115 NQF 0027	<b>Title:</b> Preventive Care and Screening: Advising Smokers to Quit  <b>Description:</b> Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Pulmonology, Primary Care
PQRI 202 NQF 0075	<b>Title:</b> Ischemic Vascular Disease (IVD): Complete Lipid Profile  <b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care, Neurology
PQRI 203 NQF 0075	<b>Title:</b> Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control  <b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care, Neurology
PQRI 204 NQF 0068	<b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic  <b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Cardiology, Endocrinology, Primary Care, Neurology
NQF 0038	<b>Title:</b> Childhood Immunization Status  <b>Description:</b> Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care, Pediatrics
PQRI 112 NQF 0031	<b>Title:</b> Preventive Care and Screening: Screening Mammography  <b>Description:</b> Percentage of women aged 40 through 69 years who had a mammogram to	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Oncology, Primary Care, Obstetrics and Gynecology

## Appendix C — Specialty Measures (Measure Group: Primary Care)

	screen for breast cancer within 24 months			
PQRI 113 NQF 0034	<b>Title:</b> Preventive Care and Screening: Colorectal Cancer Screening  <b>Description:</b> Percentage of patients aged 50 through 80 years who received the appropriate colorectal cancer screening	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Oncology, Primary Care, Gastroenterology
PQRI 1 NQF 0059	<b>Title:</b> Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus  <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	<b>National Committee for Quality Assurance (NCQA)</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology Primary Care
NQF 0052	<b>Title:</b> Low back pain: use of imaging studies  <b>Description:</b> Percentage of patients with new low back pain who received an imaging study (plain x-ray, MRI, CT scan) conducted on the episode start date or in the 28 days following the episode start date.	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care, Radiology
NQF 0018	<b>Title:</b> Controlling High Blood Pressure  <b>Description:</b> Percentage of patients with last BP < 140/80 mm Hg.	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care
PQRI 128 NQF 0421	<b>Title:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up  <b>Description:</b> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented Parameters: Age 65 and older BMI ≥30 or <22 Age 18 – 64 BMI ≥25 or <18.5	<b>CMS/Quality Insights of Pennsylvania (QIP)</b> <b>Contact Information:</b> <a href="mailto:PQRI_inquiry@cms.hhs.gov">PQRI_inquiry@cms.hhs.gov</a>		Cardiology, Endocrinology, Primary Care, Obstetrics and Gynecology
PQRI 65 NQF 0069	<b>Title:</b> Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use  <b>Description:</b> Percentage of children aged 3 months through 18 years with a diagnosis of URI who were <u>not prescribed or dispensed</u> an antibiotic prescription on or within 3 days of the initial date of service	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Primary Care
PQRI 66 NQF 0002	<b>Title:</b> Appropriate Testing for Children with Pharyngitis  <b>Description:</b> Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a> :		Pediatrics, Primary Care

## Appendix C — Specialty Measures (Measure Group: Primary Care)

	(strep) test for the episode			
PQRI 110 NQF 0041	<p><b>Title:</b> Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old</p> <p><b>Description:</b> Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)</p>	<p><b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>	<p><a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a></p>	Primary Care
PQRI 197 NQF 0074	<p><b>Title:</b> Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)</p>	<p><b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Cardiology, Primary Care
NQF 0001	<p><b>Title:</b> Asthma assessment</p> <p><b>Description:</b> Percentage of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms</p>	<p><b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Pulmonology, Primary Care
NQF 0004	<p><b>Title:</b> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</p> <p><b>Description:</b> Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Primary Care, Psychiatry
NQF 0024	<p><b>Title:</b> Body Mass Index (BMI) 2 through 18 years of age</p> <p><b>Description:</b> Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender</p>	<p><b>National Initiative for Children's Healthcare Quality</b> <b>Contact Information:</b> <a href="http://www.nichq.org/">http://www.nichq.org/</a></p>		Pediatrics, Primary Care
NQF 0032	<p><b>Title:</b> Cervical Cancer Screening</p> <p><b>Description:</b> Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the 2 years prior to the measurement year.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Oncology, Primary Care, Obstetrics and Gynecology
NQF 0036	<p><b>Title:</b> Use of appropriate medications for people with asthma</p> <p><b>Description:</b> Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Pulmonology, Primary Care

## Appendix C — Specialty Measures (Measure Group: Primary Care)

	dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year.			
NQF 0060	<p><b>Title:</b> Hemoglobin A1c test for pediatric patients</p> <p><b>Description:</b> Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Endocrinology, Pediatrics, Primary Care
NQF 0105	<p><b>Title:</b> New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment</p> <p><b>Description:</b> Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment</p> <p>Phase b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment</p> <p>Phase c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Psychiatry, Primary Care
NQF 0106	<p><b>Title:</b> Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</p> <p><b>Description:</b> Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.</p>	<p><b>ICSI</b> <b>Contact Information:</b> <a href="http://www.icsi.org/">http://www.icsi.org/</a></p>		Pediatrics, Primary Care
NQF 0107	<p><b>Title:</b> Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</p> <p><b>Description:</b> Percentage of patients</p>	<p><b>ICSI</b> <b>Contact Information:</b> <a href="http://www.icsi.org/">http://www.icsi.org/</a></p>		Pediatrics, Primary Care

## Appendix C — Specialty Measures (Measure Group: Primary Care)

	diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.			
NQF 0108	<p><b>Title:</b> ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication.</p> <p><b>Description:</b> a. Initiation Phase: Percentage of children 6 – 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for and ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation</p> <p>Phase b. Continuation and Maintenance (C&amp;M) Phase: Percentage of children 6 – 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the Initiation Phase had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends.</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Pediatrics, Primary Care
NQF 0110	<p><b>Title:</b> Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</p> <p><b>Description:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use</p>	<p><b>Center for Quality Assessment and Improvement in Mental Health</b>  <b>Contact Information:</b>  <a href="http://www.cqaimh.org">http://www.cqaimh.org</a>  /</p>		Psychiatry, Primary Care
Not applicable	<p><b>Title:</b> Comprehensive Diabetes Care: HbA1c Control (&lt;8.0 percent)</p> <p><b>Description:</b></p>			Pediatrics, Primary Care
Not applicable	<p><b>Title:</b> Appropriate antibiotic use for ear infections</p> <p><b>Description:</b></p>			Pediatrics, Primary Care

## Appendix C — Specialty Measures (Measure Group: Pediatrics)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 66 NQF 0002	<p><b>Title:</b> Appropriate Testing for Children with Pharyngitis</p> <p><b>Description:</b> Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a>  :</p>		Pediatrics, Primary Care
NQF 0060	<p><b>Title:</b> Hemoglobin A1c test for pediatric patients</p> <p><b>Description:</b> Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period.</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Endocrinology, Pediatrics, Primary Care
NQF 0106	<p><b>Title:</b> Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</p> <p><b>Description:</b> Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.</p>	<p><b>ICSI</b>  <b>Contact Information:</b>  <a href="http://www.icsi.org/">http://www.icsi.org/</a></p>		Pediatrics, Primary Care
NQF 0107	<p><b>Title:</b> Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</p> <p><b>Description:</b> Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.</p>	<p><b>ICSI</b>  <b>Contact Information:</b>  <a href="http://www.icsi.org/">http://www.icsi.org/</a></p>		Pediatrics, Primary Care



## Appendix C — Specialty Measures (Measure Group: Pediatrics)

NQF 0108	<p><b>Title:</b> ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication.</p> <p><b>Description:</b> a. Initiation Phase: Percentage of children 6 – 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for and ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation</p> <p>Phase b. Continuation and Maintenance (C&amp;M) Phase: Percentage of children 6 – 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the Initiation Phase had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Pediatrics, Primary Care
NQF 0024	<p><b>Title:</b> Body Mass Index (BMI) 2 through 18 years of age</p> <p><b>Description:</b> Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender</p>	<p><b>National Initiative for Children's Healthcare Quality</b> <b>Contact Information:</b> <a href="http://www.nichq.org/">http://www.nichq.org/</a></p>		Pediatrics, Primary Care
NQF 0026	<p><b>Title:</b> Measure pair - a. Tobacco use prevention for infants, children and adolescents, b. Tobacco use cessation for infants, children and adolescents</p> <p><b>Description:</b> Percentage of patients' charts showing either that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinic visit.</p> <p>Percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.</p>	<p><b>Institute for Clinical Systems Improvement (ICSI)</b> <b>Contact Information:</b> <a href="http://www.icsi.org/">http://www.icsi.org/</a></p>		Pediatrics



## Appendix C — Specialty Measures (Measure Group: Pediatrics)

NQF 0038	<p><b>Title:</b> Childhood Immunization Status</p> <p><b>Description:</b> Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates</p>	<p><b>NCQA</b></p> <p><b><u>Contact Information:</u></b></p> <p><a href="http://www.ncqa.org">www.ncqa.org</a></p>		Primary Care, Pediatrics
Not applicable	<p><b>Title:</b> Appropriate antibiotic use for ear infections</p> <p><b>Description:</b></p>			Pediatrics, Primary Care

## Appendix C — Specialty Measures (Measure Group: Obstetrics and Gynecology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 112 NQF 0031	<b>Title:</b> Preventive Care and Screening: Screening Mammography  <b>Description:</b> Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Oncology, Primary Care, Obstetrics and Gynecology
PQRI 128 NQF 0421	<b>Title:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up  <b>Description:</b> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented Parameters: Age 65 and older BMI $\geq 30$ or $< 22$ Age 18 – 64 BMI $\geq 25$ or $< 18.5$	<b>CMS/Quality Insights of Pennsylvania (QIP)</b> <b>Contact Information:</b> <a href="mailto:PQRI_inquiry@cms.hhs.gov">PQRI_inquiry@cms.hhs.gov</a>		Cardiology, Endocrinology, Primary Care, Obstetrics and Gynecology
NQF 0032	<b>Title:</b> Cervical Cancer Screening  <b>Description:</b> Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the 2 years prior to the measurement year.	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Oncology, Primary Care, Obstetrics and Gynecology
NQF 0033	<b>Title:</b> Chlamydia screening in women  <b>Description:</b> Percentage of eligible women who were identified as sexually active who had at least one test for chlamydia during the measurement year.	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>		Obstetrics and Gynecology
NQF 0471	<b>Title:</b> Cesarean Rate for low-risk first birth women (aka NTSVCS rate)  <b>Description:</b> Percentage of low-risk first birth women (aka NTSV CS rate: nulliparous, term, singleton, vertex) with a Cesarean rate that has the most variation among practitioners, hospitals, regions and states. Unlike other cesarean measures, it focuses attention on the proportion of cesarean births that is affected by elective medical practices such as induction and early labor admission. Furthermore, the success (or lack thereof) of management of the first labor directly impacts the remainder of the woman's reproductive life (especially given the current high rate of repeat cesarean births).	<b>California Maternal Quality Care Collaborative (CMQCC)</b> <b>Contact Information:</b> <a href="http://cmqcc.org/">http://cmqcc.org/</a>		Obstetrics and Gynecology

**Appendix C — Specialty Measures**  
**(Measure Group: Obstetrics and Gynecology)**

NQF 0012	<b>Title:</b> Prenatal Screening for Human Immunodeficiency Virus (HIV)  <b>Description:</b> Percentage of patients who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Obstetrics and Gynecology
NQF 0014	<b>Title:</b> Prenatal Anti-D Immune Globulin  <b>Description:</b> Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Obstetrics and Gynecology
Not applicable	<b>Title:</b> Hysterectomy rates <b>Description:</b>			Obstetrics and Gynecology
Not applicable	<b>Title:</b> 30 Readmission Rate following deliveries  <b>Description:</b>			Obstetrics and Gynecology

## Appendix C — Specialty Measures (Measure Group: Neurology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 33 NQF 0241	<p><b>Title:</b> Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge</p>	<p><b>AMA-PCPI/NCQA</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Neurology
PQRI 201 NQF 0073	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Blood Pressure Management Control</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Neurology
PQRI 202 NQF 0075	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Complete Lipid Profile</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Primary Care, Neurology
PQRI 203 NQF 0075	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Primary Care, Neurology
PQRI 204 NQF 0068	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Cardiology, Endocrinology, Primary Care, Neurology

## Appendix C — Specialty Measures (Measure Group: Psychiatry)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 9 NQF 0105	<p><b>Title:</b> Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD</p> <p><b>Description:</b> Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Psychiatry
PQRI 106 NQF 0103	<p><b>Title:</b> Major Depressive Disorder (MDD): Diagnostic Evaluation</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met them DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Psychiatry
PQRI 107 NQF 0104	<p><b>Title:</b> Major Depressive Disorder (MDD): Suicide Risk Assessment</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Psychiatry
NQF 0004	<p><b>Title:</b> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</p> <p><b>Description:</b> Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Primary Care, Psychiatry

## Appendix C — Specialty Measures (Measure Group: Psychiatry)

NQF 0105	<p><b>Title:</b> New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment</p> <p><b>Description:</b> Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment</p> <p>Phase b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment</p> <p>Phase c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Psychiatry, Primary Care
NQF 0110	<p><b>Title:</b> Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</p> <p><b>Description:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use</p>	<p><b>Center for Quality Assessment and Improvement in Mental Health</b> <b>Contact Information:</b> <a href="http://www.cqaimh.org">http://www.cqaimh.org</a> <a href="#">/</a></p>		Psychiatry, Primary Care

## Appendix C — Specialty Measures (Measure Group: Ophthalmology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 12 NQF 0086	<p><b>Title:</b> Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Ophthalmology
PQRI 18 NQF 0088	<p><b>Title:</b> Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Ophthalmology
PQRI 19 NQF 0089	<p><b>Title:</b> Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Ophthalmology

## Appendix C — Specialty Measures (Measure Group: Podiatry)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 127 NQF 0416	<p><b>Title:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing</p>	<p><b>American Podiatric Medical Association (APMA)</b>  <b>Contact Information:</b>  <a href="http://www.apma.org/">http://www.apma.org/</a></p>		Podiatry
PQRI 163 NQF 0056	<p><b>Title:</b> Diabetes Mellitus: Foot Exam</p> <p><b>Description:</b> The percentage of patients aged 18 through 75 years with diabetes who had a foot examination</p>	<p><b>NCQA</b>  <b>Contact Information:</b>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Podiatry
NQF 0519	<p><b>Title:</b> Diabetic Foot Care and Patient Education Implemented</p> <p><b>Description:</b> Percent of diabetic patients for whom physician ordered monitoring for the presence of skin lesions on the lower extremities and patient education on proper foot care were implemented during their episode of care</p>	<p><b>CMS</b>  <b>Contact Information:</b>  <a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a></p>		Podiatry



## Appendix C — Specialty Measures (Measure Group: Radiology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 10 NQF 0246	<p><b>Title:</b> Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports</p> <p><b>Description:</b> Percentage of final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients aged 18 years and older with either a diagnosis of ischemic stroke or transient ischemic attack (TIA) or intracranial hemorrhage or at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence or each of the following: hemorrhage and mass lesion and acute infarction</p>	<p><b>AMA-PCPI/NCQA</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Radiology
PQRI 195 NQF 0507	<p><b>Title:</b> Stenosis Measurement in Carotid Imaging Reports</p> <p><b>Description:</b> Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed for patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement</p>	<p><b>AMA-PCPI/NCQA</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Radiology
PQRI 145 NQF 0510	<p><b>Title:</b> Radiology: Exposure Time Reported for Procedures Using Fluoroscopy</p> <p><b>Description:</b> Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p>	<p><b>AMA-PCPI/NCQA</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Radiology
PQRI 146 NQF 0508	<p><b>Title:</b> Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening</p> <p><b>Description:</b> Percentage of final reports for screening mammograms that are classified as “probably benign”</p>	<p><b>AMA-PCPI/NCQA</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Radiology

## Appendix C — Specialty Measures (Measure Group: Radiology)

PQRI 147 NQF 0511	<p><b>Title:</b> Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</p> <p><b>Description:</b> Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed</p>	<p><b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Radiology
NQF 0052	<p><b>Title:</b> Low back pain: use of imaging studies</p> <p><b>Description:</b> Percentage of patients with new low back pain who received an imaging study (plain x-ray, MRI, CT scan) conducted on the episode start date or in the 28 days following the episode start date.</p>	<p><b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Primary Care, Radiology
NQF 0513	<p><b>Title:</b> Use of Contrast: Thorax CT</p> <p><b>Description:</b> Thorax CT – Use of combined studies (with and without contrast)</p>	<p><b>CMS</b> <b>Contact Information:</b> <a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a></p>		Radiology

## Appendix C — Specialty Measures (Measure Group: Gastroenterology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 86 NQF 0397	<b>Title:</b> Hepatitis C: Antiviral Treatment Prescribed  <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed peginterferon and ribavirin therapy within the 12-month reporting period	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Gastroenterology
PQRI 89 NQF 0401	<b>Title:</b> Hepatitis C: Counseling Regarding Risk of Alcohol Consumption  <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within the 12-month reporting period	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Gastroenterology
PQRI 113 NQF 0034	<b>Title:</b> Preventive Care and Screening: Colorectal Cancer Screening  <b>Description:</b> Percentage of patients aged 50 through 80 years who received the appropriate colorectal cancer screening	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Oncology, Primary Care, Gastroenterology
PQRI 183 NQF 0399	<b>Title:</b> Hepatitis C: Hepatitis A Vaccination in Patients with HCV  <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Gastroenterology
PQRI 184 NQF 0400	<b>Title:</b> Hepatitis C: Hepatitis B Vaccination in Patients with HCV  <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>		Gastroenterology

## Appendix C — Specialty Measures (Measure Group: Gastroenterology)

PQRI 185  AQA adopted	<p><b>Title:</b> Endoscopy &amp; Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</p> <p><b>Description:</b> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy and a history of colonic polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report</p>	<p><b>AMA-PCPI/NCQA Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  <a href="http://www.ncqa.org">www.ncqa.org</a></p>		Gastroenterology
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## Appendix C — Specialty Measures (Measure Group: Nephrology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 81 NQF 0323	<p><b>Title:</b> End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients</p> <p><b>Description:</b> Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis have a Kt/V <math>\geq 1.2</math> OR patients who have a Kt/V <math>&lt; 1.2</math> with a documented plan of care for inadequate hemodialysis</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Nephrology
PQRI 82 NQF 0321	<p><b>Title:</b> End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V <math>\geq 1.7</math> OR patients who have a Kt/V <math>&lt; 1.7</math> with a documented plan of care for inadequate peritoneal dialysis at least three times (every 4 months) during the 12-month reporting period</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Nephrology
PQRI 121 Ambulatory Quality Alliance (AQA) adopted	<p><b>Title:</b> Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who had the following laboratory testing ordered within 12 months: serum levels of calcium, phosphorus and intact PTH, and lipid profile</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Nephrology
PQRI 122 AQA adopted	<p><b>Title:</b> Chronic Kidney Disease (CKD): Blood Pressure Management</p> <p><b>Description:</b> Percentage of patient visits for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), with a blood pressure <math>&lt; 130/80</math> mmHg OR blood pressure <math>\geq 130/80</math> mmHg with a documented plan of care</p>	<p><b>AMA-PCPI</b>  <b>Contact Information:</b>  <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Nephrology

## Appendix C — Specialty Measures (Measure Group: Nephrology)

PQRI 123  AQA adopted	<p><b>Title:</b> Chronic Kidney Disease (CKD): Plan of Care – Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)</p> <p><b>Description:</b> Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, have a hemoglobin &lt; 13 g/dL OR patients whose hemoglobin is ≥ 13 g/dL and have a documented plan of care</p>	<p><b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Nephrology
PQRI 153  AQA adopted	<p><b>Title:</b> Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who were referred for AV fistula at least once during the 12-month reporting period</p>	<p><b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a></p>		Nephrology

## Appendix D — Proposed Clinical Quality Measures for Electronic Submission By Eligible Hospitals for Payment Year 2011-2012

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
ED-1 NQF 0495	<p><b>Title:</b> Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients</p> <p><b>Description:</b> Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department</p> <p><b>Measure Developer:</b> CMS/Oklahoma Foundation for Medical Quality (OFMQC)</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
ED-2 NQF 0497	<p><b>Title:</b> Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients</p> <p><b>Description:</b> Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
ED-3 NQF 0496	<p><b>Title:</b> Emergency Department Throughput – discharged patients Median Time from ED Arrival to ED Departure for Discharged ED Patients</p> <p><b>Description:</b> Median Time from ED arrival to time of departure from the ED for patients discharged from the ED</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
Stroke-2 NQF 0435	<p><b>Title:</b> Ischemic stroke – Discharge on anti-thrombotics</p> <p><b>Description:</b> Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
Stroke-3 NQF 0436	<p><b>Title:</b> Ischemic stroke – Anticoagulation for A-fib/flutter</p> <p><b>Description:</b> Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
Stroke-4 NQF 0437	<p><b>Title:</b> Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset</p> <p><b>Description:</b> Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
Stroke-5 NQF 0438	<p><b>Title:</b> Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2</p> <p><b>Description:</b> Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>

## Appendix D — Proposed Clinical Quality Measures for Electronic Submission By Eligible Hospitals for Payment Year 2011-2012

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
Stroke-6 NQF 0439	<p><b>Title:</b> Ischemic stroke – Discharge on statins</p> <p><b>Description:</b> Ischemic stroke patients with LDL &gt; 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
Stroke-8 NQF 0440	<p><b>Title:</b> Ischemic or hemorrhagic stroke – Stroke education</p> <p><b>Description:</b> Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
Stroke-10 NQF 0441	<p><b>Title:</b> Ischemic or hemorrhagic stroke – Rehabilitation assessment</p> <p><b>Description:</b> Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
VTE-1 NQF 0371	<p><b>Title:</b> VTE prophylaxis within 24 hours of arrival</p> <p><b>Description:</b> This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
VTE-2 NQF 0372	<p><b>Title:</b> ICU VTE prophylaxis</p> <p><b>Description:</b> This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>



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Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
VTE-3 NQF 0373	<p><b>Title:</b> Anticoagulation overlap therapy</p> <p><b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) <math>\geq 2</math> prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
VTE-4 NQF 0374	<p><b>Title:</b> Platelet monitoring on unfractionated heparin</p> <p><b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
VTE-5 NQF 0375	<p><b>Title:</b> VTE discharge instructions</p> <p><b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
VTE-6 NQF 0376	<p><b>Title:</b> Incidence of potentially preventable VTE</p> <p><b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.</p> <p><b>Measure Developer:</b> The Joint Commission</p>	<a href="http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906">http://www.hitsp.org/ConstructSet_Details.aspx?&amp;PrefixAlpha=5&amp;PrefixNumeric=906</a>
RHQDAPU AMI-8a NQF 0163	<p><b>Title:</b> Primary PCI Received Within 90 Minutes of Hospital Arrival</p> <p><b>Description:</b> Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	

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Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
RHQDAPU PN-3b  NQF 0148	<p><b>Title:</b> Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</p> <p><b>Description:</b> Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
RHQDAPU AMI-2  NQF 0142	<p><b>Title:</b> Aspirin Prescribed at Discharge</p> <p><b>Description:</b> Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
RHQDAPU AMI-3  NQF 0137	<p><b>Title:</b> Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>Description:</b> Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
RHQDAPU AMI-5  NQF 0160	<p><b>Title:</b> Beta-Blocker Prescribed at Discharge</p> <p><b>Description:</b> Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
RHQDAPU AMI-READ  NQF 0505	<p><b>Title &amp; Description:</b> Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission</p> <p><b>Measure Developer:</b> CMS</p>	
Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following AMI admission	
RHQDAPU HF-READ  NQF 0330	<p><b>Title &amp; Description:</b> Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following Heart Failure admission	
RHQDAPU PNE-READ  NQF 0506	<p><b>Title &amp; Description:</b> Hospital Specific 30 day Risk-Standardized Readmission Rate following Pneumonia admission</p> <p><b>Measure Developer:</b> CMS</p>	
Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following Pneumonia admission	

## Appendix D — Proposed Clinical Quality Measures for Electronic Submission By Eligible Hospitals for Payment Year 2011-2012

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
NQF 0528	<p><b>Title:</b> Infection SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations</p> <p><b>Description:</b> Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
NQF 0302	<p><b>Title:</b> Ventilator Bundle</p> <p><b>Description:</b> Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are:  •Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period  •Daily “sedation interruption” and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation;  Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV&lt; 105)  •SUD (peptic ulcer disease) prophylaxis  DVT (deep venous thrombosis) prophylaxis</p> <p><b>Measure Developer:</b> IHI</p>	
NQF 0298	<p><b>Title:</b> Central Line Bundle Compliance</p> <p><b>Description:</b> Percentage of intensive care patients with central lines for whom all elements of the central line bundle are documented and in place. The central line bundle elements include:  •Hand hygiene ,  •Maximal barrier precautions upon insertion  •Chlorhexidine skin antisepsis  •Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters in patients 18 years and older  •Daily review of line necessity with prompt removal of unnecessary lines</p> <p><b>Measure Developer:</b> IHI</p>	
NQF 0140	<p><b>Title:</b> Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients</p> <p><b>Description:</b> Percentage of ICU and HRN patients who over a certain amount of days have ventilator-associated pneumonia</p> <p><b>Measure Developer:</b> CDC</p>	

## Appendix D — Proposed Clinical Quality Measures for Electronic Submission By Eligible Hospitals for Payment Year 2011-2012

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
NQF 0138	<p><b>Title:</b> Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients</p> <p><b>Description:</b> Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections</p> <p><b>Measure Developer:</b> CDC</p>	
NQF 0139	<p><b>Title:</b> Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients</p> <p><b>Description:</b> Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days</p> <p><b>Measure Developer:</b> CDC</p>	
NQF 0329	<p><b>Title:</b> All-Cause Readmission Index (risk adjusted)</p> <p><b>Description:</b> Overall inpatient 30-day hospital readmission rate.</p> <p><b>Measure Developer:</b> United Health Group</p>	
Not applicable	<p><b>Title:</b> All-Cause Readmission Index</p> <p><b>Description:</b> Overall inpatient 30-day hospital readmission rate.</p>	

## Appendix E — Proposed Alternative Medicaid Clinical Quality Measures For Medicaid Eligible Hospitals

NQF #	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
0341	<p><b>Title:</b> PICU Pain Assessment on Admission</p> <p><b>Description:</b> Percentage of PICU patients receiving:</p> <ul style="list-style-type: none"> <li>a. Pain assessment on admission</li> <li>b. Periodic pain assessment.</li> </ul> <p><b>Measure Developer:</b> Vermont Oxford Network</p>	
0348	<p><b>Title:</b> Iatrogenic pneumothorax in non-neonates (pediatric up to 17 years of age)</p> <p><b>Description:</b> Percent of medical and surgical discharges, age under 18 years, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field.</p> <p><b>Measure Developer:</b> AHRQ</p>	
0362	<p><b>Title:</b> Foreign body left after procedure, age under 18 years</p> <p><b>Description:</b> Discharges with foreign body accidentally left in during procedure per 1,000 discharges</p> <p><b>Measure Developer:</b> AHRQ</p>	
0151	<p><b>Title:</b> Pneumonia Care PNE-5c Antibiotic</p> <p><b>Description:</b> Percentage of pneumonia patients 18 years of age and older who receive their first dose of antibiotics within 6 hours after arrival at the hospital</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
0147	<p><b>Title:</b> Pneumonia Care PN-6 Antibiotic selection</p> <p><b>Description:</b> Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP).</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
0356	<p><b>Title:</b> Pneumonia Care PN-3a Blood culture</p> <p><b>Description:</b> Percent of pneumonia patients, age 18 years or older, transferred or admitted to the ICU within 24 hours of hospital arrival who had blood cultures performed within 24 hours prior to or 24 hours after arrival at the hospital.</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	

## Appendix E — Proposed Alternative Medicaid Clinical Quality Measures For Medicaid Eligible Hospitals

NQF #	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
0527	<p><b>Title:</b> Infection SCIP Inf-1 Prophylactic antibiotic received within 1 hour prior to surgical incision</p> <p><b>Description:</b> Surgical patients with prophylactic antibiotics initiated within 1 hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	
0529	<p><b>Title:</b> Infection SCIP Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time</p> <p><b>Description:</b> Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after <i>Anesthesia End Time</i>.</p> <p><b>Measure Developer:</b> CMS/OFMQ</p>	

## Appendix F – Certification Criteria

Proposed Meaningful Use Stage 1 Objectives	Certification Criteria to Support the Achievement of Meaningful Use Stage 1 by Eligible Professionals	Certification Criteria to Support the Achievement of Meaningful Use Stage 1 by Eligible Hospital
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Use Computerized Provider Order Entry (CPOE) <sup>9</sup>	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; and 4. Provider referrals.	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; 4. Blood bank; 5. Physical therapy; 6. Occupational therapy; 7. Respiratory therapy; 8. Rehabilitation therapy; 9. Dialysis; 10. Provider consults; and 11. Discharge and transfer.
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Implement drug-drug, drug-allergy, drug-formulary checks	<p>1. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and CPOE.</p> <p>2. Enable a user to electronically check if drugs are in a formulary or preferred drug list in accordance with the standard specified in Table 2A row</p> <p>3. Provide certain users with administrator rights to deactivate, modify, and add rules for drug-drug and drug-allergy checking.</p> <p>4. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>	
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standards% specified in Table 2A row 1.	
Generate and transmit permissible prescriptions electronically (eRx)	Enable a user to electronically transmit medication orders (prescriptions) for patients in accordance with the standards specified in Table 2A row 3.	No Associated Proposed Meaningful Use Stage 1 Objective
Maintain active medication list	Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standard specified in Table 2A row 1.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Maintain active	Enable a user to electronically record, modify, and retrieve a	

<sup>9</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: “Use CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP).”



## Appendix F – Certification Criteria

medication allergy list	patient's active medication allergy list as well as medication allergy history for longitudinal care (i.e., over multiple office visits).	
Record demographics <sup>10, 11</sup>	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, and date of birth.	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, date of birth, and date and cause of death in the event of mortality.
Record and chart changes in vital signs: • height • weight • blood pressure • calculate and display: BMI • plot and display growth charts for children 2-20 years, including BMI	<ol style="list-style-type: none"> <li>1. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse.</li> <li>2. Automatically calculate and display body mass index (BMI) based on a patient's height and weight.</li> <li>3. Plot and electronically display, upon request, growth charts (height, weight, and BMI) for patients 2-20 years old.</li> </ol>	
Record smoking status for patients 13 years old or older	Enable a user to electronically record, modify, and retrieve the smoking status of a patient to: current smoker, former smoker, or never smoked.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Incorporate clinical lab-test results into EHR as structured data	<ol style="list-style-type: none"> <li>1. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format.</li> <li>2. Electronically display in human readable format any clinical laboratory tests that have been received with LOINC® codes.</li> <li>3. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7).<sup>12</sup></li> <li>4. Enable a user to electronically update a patient's record based upon received laboratory test results.</li> </ol>	
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.	
Report quality measures	1. Calculate and electronically display quality measure results	

<sup>10</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is: "record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth."

<sup>11</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: "record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date and cause of death in the event of mortality."

<sup>12</sup> 42 CFR 493.1291(b) specifies that "[t]he test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request." 42 CFR 493.1291(c) specifies the required test report information.

<sup>13</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Report ambulatory quality measures to CMS or the States."



## Appendix F – Certification Criteria

to CMS or the States <sup>13, 14</sup>	as specified by CMS or states.	
	2. Enable a user to electronically submit calculated quality measures in accordance with the standard specified in Table 2A row 5.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Send reminders to patients per patient preference for preventive/ follow up care	Electronically generate, upon request, a patient reminder list for preventive or follow-up care according to patient preferences based on demographic data, specific conditions, and/or medication list.	No Associated Proposed Meaningful Use Stage 1 Objective
Implement 5 clinical decision support rules <sup>15, 16</sup>	<p>1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to specialty or clinical priorities that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list.</p> <p>2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade.</p> <p>3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>	<p>1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to a high priority hospital condition that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list.</p> <p>2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade.</p> <p>3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Check insurance eligibility electronically from public and private payers	Enable a user to electronically record and display patients' insurance eligibility, and submit insurance eligibility queries to public or private payers and receive an eligibility response in accordance with the applicable standards specified in Table 2A row 4.	
Submit claims electronically to public and private payers.	Enable a user to electronically submit claims to public or private payers in accordance with the applicable standards specified in Table 2A row 4.	
Provide patients with an electronic copy of their	Enable a user to create an electronic copy of a patient's	Enable a user to create an electronic copy of a patient's

<sup>14</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Report hospital quality measures to CMS or the States.”

<sup>15</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules”

<sup>16</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules”

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health information upon request <sup>17, 18</sup>	clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.	clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, discharge summary, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.
Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	No Associated Proposed Meaningful Use Stage 1 Objective	Enable a user to create an electronic copy of the discharge instructions and procedures for a patient, in human readable format, at the time of discharge to provide to a patient on electronic media, or through some other electronic means.
<u>A Complete EHR or EHR Module must include the capability to:</u>		
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible professional	Enable a user to provide patients with online access to their clinical information, including, at a minimum, lab test results, problem list, medication list, medication allergy list, immunizations, and procedures.	No Associated Proposed Meaningful Use Stage 1 Objective
<u>A Complete EHR or EHR Module must include the capability to:</u>		
Provide clinical summaries for patients for each office visit	<p>1. Enable a user to provide clinical summaries to patients (in paper or electronic form) for each office visit that include, at a minimum, diagnostic test results, medication list, medication allergy list, procedures, problem list, and immunizations.</p> <p>2. If the clinical summary is provided electronically (i.e., not printed), it must be provided in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to</p>	No Associated Proposed Meaningful Use Stage 1 Objective

<sup>17</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request”

<sup>18</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request”

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	provide to a patient on electronic media, or through some other electronic means.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
<p>Capability to exchange key clinical information among providers of care and patient authorized entities electronically<sup>19</sup>, <sup>20</sup></p> <p>Provide summary care record for each transition of care and referral</p>	<p>1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.</p> <p>2. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.</p>	<p>1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.</p> <p>2. Enable a user to electronically transmit a patient summary record, to other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.</p>
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Perform medication reconciliation at relevant encounters and each transition of care	Electronically complete medication reconciliation of two or more medication lists (compare and merge) into a single medication list that can be electronically displayed in real-time.	
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Electronically record, retrieve, and transmit immunization information to immunization registries in accordance with the standards% specified in Table 2A row 8 or in accordance with the applicable state-designated standard format.	
Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can	No Associated Proposed Meaningful Use Stage 1 Objective	Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standards% specified in Table 2A row 6.

<sup>19</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Capability to exchange key clinical information (for example problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically.”

<sup>20</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Capability to exchange key clinical information (for example discharge summary, procedures, problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically.”

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be received		
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Electronically record, retrieve, and transmit syndrome-based (e.g., influenza like illness) public health surveillance information to public health agencies in accordance with the standards specified in Table 2A row 7.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	<ol style="list-style-type: none"> <li>1. Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information.</li> <li>2. Permit authorized users (who are authorized for emergency situations) to access electronic health information during an emergency.</li> <li>3. Terminate an electronic session after a predetermined time of inactivity.</li> <li>4. Encrypt and decrypt electronic health information according to user-defined preferences (e.g., backups, removable media, at log-on/off) in accordance with the standard specified in Table 2B row 1.</li> <li>5. Encrypt and decrypt electronic health information when exchanged in accordance with the standard specified in Table 2B row 2.</li> <li>6. Record actions (e.g., deletion) related to electronic health information in accordance with the standard specified in Table 2B row 3 (i.e., audit log), provide alerts based on user-defined events, and electronically display and print all or a specified set of recorded information upon request or at a set period of time.</li> <li>7. Verify that electronic health information has not been altered in transit and detect the alteration and deletion of electronic health information and audit logs in accordance with the standard specified in Table 2B row</li> <li>8. Verify that a person or entity seeking access to electronic health information is the one claimed and is authorized to access such information.</li> <li>9. Verify that a person or entity seeking access to electronic health information across a network is the one claimed and is authorized to access such information in accordance with the standard specified in Table 2B row 5.</li> <li>10. Record disclosures made for treatment, payment, and health care operations in accordance with the standard specified in Table 2B row 6.</li> </ol>	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Use Computerized Provider Order Entry (CPOE) <sup>21</sup>	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order

<sup>21</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: “Use CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP).”

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	types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; and 4. Provider referrals.	types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; 4. Blood bank; 5. Physical therapy; 6. Occupational therapy; 7. Respiratory therapy; 8. Rehabilitation therapy; 9. Dialysis; 10. Provider consults; and 11. Discharge and transfer.
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Implement drug-drug, drug-allergy, drug-formulary checks	<p>1. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and CPOE.</p> <p>2. Enable a user to electronically check if drugs are in a formulary or preferred drug list in accordance with the standard specified in Table 2A row</p> <p>3. Provide certain users with administrator rights to deactivate, modify, and add rules for drug-drug and drug-allergy checking.</p> <p>4. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>	
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standards% specified in Table 2A row 1.	
Generate and transmit permissible prescriptions electronically (eRx)	Enable a user to electronically transmit medication orders (prescriptions) for patients in accordance with the standards specified in Table 2A row 3.	No Associated Proposed Meaningful Use Stage 1 Objective
Maintain active medication list	Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standard specified in Table 2A row 1.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Maintain active medication allergy list	Enable a user to electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history for longitudinal care (i.e., over multiple office visits).	
Record demographics <sup>22, 23</sup>	Enable a user to electronically record, modify, and retrieve patient demographic data including	Enable a user to electronically record, modify, and retrieve patient demographic data including

<sup>22</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is: “record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth.”

<sup>23</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: “record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date and cause of death in the event of mortality.”

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	preferred language, insurance type, gender, race, ethnicity, and date of birth.	preferred language, insurance type, gender, race, ethnicity, date of birth, and date and cause of death in the event of mortality.
Record and chart changes in vital signs: • height • weight • blood pressure • calculate and display: BMI • plot and display growth charts for children 2-20 years, including BMI	1. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse.  2. Automatically calculate and display body mass index (BMI) based on a patient's height and weight.  3. Plot and electronically display, upon request, growth charts (height, weight, and BMI) for patients 2-20 years old.	
Record smoking status for patients 13 years old or older	Enable a user to electronically record, modify, and retrieve the smoking status of a patient to: current smoker, former smoker, or never smoked.	
<b>Proposed Meaningful Use Stage 1 Objectives</b>	<b>Certification Criteria to Support the Achievement of Meaningful Use Stage 1 by Eligible Professionals</b>	<b>Certification Criteria to Support the Achievement of Meaningful Use Stage 1 by Eligible Hospital</b>
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Incorporate clinical lab-test results into EHR as structured data	1. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format.  2. Electronically display in human readable format any clinical laboratory tests that have been received with LOINC® codes.  3. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7). <sup>24</sup>  4. Enable a user to electronically update a patient's record based upon received laboratory test results.	
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.	
Report quality measures to CMS or the States <sup>25, 26</sup>	1. Calculate and electronically display quality measure results as specified by CMS or states.  2. Enable a user to electronically submit calculated quality measures in accordance with the standard specified in Table 2A row 5.	
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Send reminders to	Electronically generate, upon	No Associated Proposed

<sup>24</sup> 42 CFR 493.1291(b) specifies that “[t]he test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.” 42 CFR 493.1291(c) specifies the required test report information.

<sup>25</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Report ambulatory quality measures to CMS or the States.”

<sup>26</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Report hospital quality measures to CMS or the States.”



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patients per patient preference for preventive/ follow up care	request, a patient reminder list for preventive or follow-up care according to patient preferences based on demographic data, specific conditions, and/or medication list.	Meaningful Use Stage 1 Objective
Implement 5 clinical decision support rules <sup>27</sup> , <sup>28</sup>	<p>1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to specialty or clinical priorities that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list.</p> <p>2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade.</p> <p>3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>	<p>1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to a high priority hospital condition that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list.</p> <p>2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade.</p> <p>3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>
<u>A Complete EHR or EHR Module must include the capability to:</u>		
Check insurance eligibility electronically from public and private payers	Enable a user to electronically record and display patients' insurance eligibility, and submit insurance eligibility queries to public or private payers and receive an eligibility response in accordance with the applicable standards specified in Table 2A row 4.	
Submit claims electronically to public and private payers.	Enable a user to electronically submit claims to public or private payers in accordance with the applicable standards specified in Table 2A row 4.	
Provide patients with an electronic copy of their health information upon request <sup>29</sup> , <sup>30</sup>	Enable a user to create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list,	Enable a user to create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list,

<sup>27</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules”

<sup>28</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules”

<sup>29</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request”

<sup>30</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request”

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	medication allergy list, immunizations, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.	medication allergy list, immunizations, discharge summary, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.
Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	No Associated Proposed Meaningful Use Stage 1 Objective	Enable a user to create an electronic copy of the discharge instructions and procedures for a patient, in human readable format, at the time of discharge to provide to a patient on electronic media, or through some other electronic means.
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible professional	Enable a user to provide patients with online access to their clinical information, including, at a minimum, lab test results, problem list, medication list, medication allergy list, immunizations, and procedures.	No Associated Proposed Meaningful Use Stage 1 Objective
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Provide clinical summaries for patients for each office visit	<p>1. Enable a user to provide clinical summaries to patients (in paper or electronic form) for each office visit that include, at a minimum, diagnostic test results, medication list, medication allergy list, procedures, problem list, and immunizations.</p> <p>2. If the clinical summary is provided electronically (i.e., not printed), it must be provided in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.</p>	No Associated Proposed Meaningful Use Stage 1 Objective
	<u>A Complete EHR or EHR Module must include the capability to:</u>	
Capability to exchange key clinical information among providers of care	1. Electronically receive a patient summary record, from other providers and organizations	1. Electronically receive a patient summary record, from other providers and organizations



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and patient authorized entities electronically <sup>31, 32</sup>  Provide summary care record for each transition of care and referral	including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.  2. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.	including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.  2. Enable a user to electronically transmit a patient summary record, to other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.
<u>A Complete EHR or EHR Module must include the capability to:</u>		
Perform medication reconciliation at relevant encounters and each transition of care	Electronically complete medication reconciliation of two or more medication lists (compare and merge) into a single medication list that can be electronically displayed in real-time.	
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Electronically record, retrieve, and transmit immunization information to immunization registries in accordance with the standards% specified in Table 2A row 8 or in accordance with the applicable state-designated standard format.	
Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	No Associated Proposed Meaningful Use Stage 1 Objective	Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standards% specified in Table 2A row 6.
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable	Electronically record, retrieve, and transmit syndrome-based (e.g., influenza like illness) public health surveillance information to public health agencies in accordance with the standards specified in Table 2A row 7.	

<sup>31</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is “Capability to exchange key clinical information (for example problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically.”

<sup>32</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is “Capability to exchange key clinical information (for example discharge summary, procedures, problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically.”

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law and practice	
	<u>A Complete EHR or EHR Module must include the capability to:</u>
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	<ol style="list-style-type: none"> <li>1. Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information.</li> <li>2. Permit authorized users (who are authorized for emergency situations) to access electronic health information during an emergency.</li> <li>3. Terminate an electronic session after a predetermined time of inactivity.</li> <li>4. Encrypt and decrypt electronic health information according to user-defined preferences (e.g., backups, removable media, at log-on/off) in accordance with the standard specified in Table 2B row 1.</li> <li>5. Encrypt and decrypt electronic health information when exchanged in accordance with the standard specified in Table 2B row 2.</li> <li>6. Record actions (e.g., deletion) related to electronic health information in accordance with the standard specified in Table 2B row 3 (i.e., audit log), provide alerts based on user-defined events, and electronically display and print all or a specified set of recorded information upon request or at a set period of time.</li> <li>7. Verify that electronic health information has not been altered in transit and detect the alteration and deletion of electronic health information and audit logs in accordance with the standard specified in Table 2B row 4.</li> <li>8. Verify that a person or entity seeking access to electronic health information is the one claimed and is authorized to access such information.</li> <li>9. Verify that a person or entity seeking access to electronic health information across a network is the one claimed and is authorized to access such information in accordance with the standard specified in Table 2B row 5.</li> <li>10. Record disclosures made for treatment, payment, and health care operations in accordance with the standard specified in Table 2B row 6.</li> </ol>

## Appendix G-Adopted Content Exchange and Vocabulary Standards

<u>Row #</u>	<u>Purpose</u>	<u>Category</u>	<u>Adopted Standard(s) to Support Meaningful Use Stage 1</u>	<u>Candidate Standard(s) to Support Meaningful Use Stage 2</u>
<b>1</b>	<b><i>Patient Summary Record</i></b>	Cx	HL7 CDA R2 CCD Level 2 or ASTM CCR	Alternatives expected to be narrowed based on HIT Standards Committee recommendations
	Problem List	V	Applicable HIPAA code set required by law (i.e., ICD-9-CM); or SNOMED CT®	Applicable HIPAA code set required by law (e.g., ICD-10-CM) or SNOMED CT®
	Medication List	V	Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within RxNorm+	RxNorm
	Medication Allergy List	V	No standard adopted at this time.	UNII
	Procedures	V	Applicable HIPAA code sets required by law (i.e., ICD-9-CM or ICD-10-PCS or SNOMED CT-4®)	Applicable HIPAA code sets required by law (e.g., ICD-10-PCS or SNOMED CT-4®)
	Vital Signs	V	No standard adopted at this time.	CDA template
	Units of Measure	V	No standard adopted at this time.	UCUM
	Lab Orders and Results	V	LOINC® when LOINC® codes have been received from a laboratory	LOINC®
<b>2</b>	<b><i>Drug Formulary Check</i></b>	Cx	Applicable Part D standard required by law (i.e., NCPDP Formulary & Benefits Standard 1.0)	Applicable Part D standard required by law

## Appendix G-Adopted Content Exchange and Vocabulary Standards

3	<i>Electronic Prescribing</i>	Cx	Applicable Part D standard required by law (e.g., NCPDP SCRIPT 8.1) or NCPDP SCRIPT 8.1 and NCPDP SCRIPT 10.6	NCPDP SCRIPT 10.6
		V	Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within` RxNorm+	RxNorm
4	<i>Administrative Transactions</i>	Cx	Applicable HIPAA transaction standards required by law	Applicable HIPAA transaction standards required by law
5	<i>Quality Reporting</i>	Cx	CMS PQRI 2008 Registry XML Specification#,+	Potentially newer version(s) or standards based on HIT Standards Committee Input
6	<i>Submission of Lab Results to Public Health Agencies</i>	Cx	HL7 2.5.1	Potentially newer version(s) or standards based on HIT Standards Committee Recommendations
		V	LOINC® when LOINC® codes have been received from a laboratory	LOINC®, UCUM, and SNOMED CT® or Applicable Public Health Agency Requirements
7	<i>Submission to Public Health Agencies for Surveillance or Reporting (excluding adverse event reporting)</i>	Cx	HL7 2.3.1 or HL7 2.5.1	Potentially newer version(s) or standards based on HIT Standards Committee Input
		V	According to Applicable Public Health	GIPSE or According to Applicable Public

## Appendix G-Adopted Content Exchange and Vocabulary Standards

			Agency Requirements	Health Agency Requirements
<b>8</b>	<b><i>Submission to Immunization Registries</i></b>	Cx	HL7 2.3.1 or HL7 2.5.1	Potentially newer version(s) or standards based on HIT Standards Committee Recommendations
		V	CVX*,+	CVX

## Appendix H-Adopted Privacy and Security Standards

<u>Row #</u>	<u>Purpose</u>	<u>Adopted Standard</u>
<i>1</i>	<i>General Encryption and Decryption of Electronic Health Information</i>	A symmetric 128 bit fixed-block cipher algorithm capable of using a 128, 192, or 256 bit encryption key must be used (e.g., FIPS 197 Advanced Encryption Standard, (AES), Nov 2001).+
<i>2</i>	<i>Encryption and Decryption of Electronic Health Information for Exchange</i>	An encrypted and integrity protected link must be implemented (e.g., TLS, IPv6, IPv4 with IPsec).+
<i>3</i>	<i>Record Actions Related to Electronic Health Information (i.e., audit log)</i>	The date, time, patient identification (name or number), and user identification (name or number) must be recorded when electronic health information is created, modified, deleted, or printed. An indication of which action(s) occurred must also be recorded (e.g., modification).+
<i>4</i>	<i>Verification that Electronic Health Information has not been Altered in Transit</i>	A secure hashing algorithm must be used to verify that electronic health information has not been altered in transit. The secure hash algorithm used must be SHA-1 or higher (e.g., Federal Information Processing Standards (FIPS) Publication (PUB) Secure Hash Standard (SHS) FIPS PUB 180-3).+
<i>5</i>	<i>Cross-Enterprise Authentication</i>	Use of a cross-enterprise secure transaction that contains sufficient identity information such that the receiver can make access control decisions and produce detailed and accurate security audit trails (e.g., IHE Cross Enterprise User Assertion (XUA) with SAML identity assertions).+
<i>6</i>	<i>Record Treatment, Payment, and Health Care Operations Disclosures</i>	The date, time, patient identification (name or number), user identification (name or number), and a description of the disclosure must be recorded.+